WORLD CHRONICLE

UNITED NATIONS

FOR IMMEDIATE RELEASE

DURATION: 28' 00" TRANSCRIPT AS BROADCAST

PROGRAMME: "WORLD CHRONICLE"

GUEST: Elizabeth Reid, Programme Director
Women in Development
United Nations Development Programme

JOURNALISTS: Ian Steele, Press Foundation of Asia
Raghida Dergham, Al-Hayat, London
Frank Ucciardo, All Points Broadcasting

MODERATOR: Michael Littlejohns

SYNOPSIS

Elizabeth Reid, Programme Director for Women in Development, a Division of the United Nations Development Programme, says that there is a sharp increase of AIDS cases in many parts of the world and the AIDS virus is rapidly spreading across the globe. Ms. Reid stresses the urgent need for health education, home care and government support to deal with this dreadful epidemic.

"WORLD CHRONICLE" is produced by the Information Products Division, Department of Public Information, United Nations, New York, N.Y. 10017, USA.

Executive Producer: Yuanchi Chen
Director: Livingston Hinckley
Production Assistant: Diane Barkley

Programme No. 381

VOICE From United Nations Headquarters in New York, this is World Chronicle, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's World Chronicle.

LITTLEJOHNS: I'm Michael Littlejohns and this is WORLD CHRONICLE.

AIDS, the dreaded fatal disease, is rapidly spreading across the globe. In addition to the tragic loss of lives, there is growing evidence that in some countries the epidemic will have an enormous impact on economic and social development efforts.

Our guest today, Elizabeth Reid of Australia, is Programme Director for Women in Development, a division of UNDP, the United Nations Development Programme. Before joining UNDP, Ms. Reid was a leading consultant for the development of a national AIDS strategy for Australia. Ms. Reid will be interviewed here at United Nations Headquarters here in New York by: Ian Steele of the Press Foundation of Asia; Raghida Dergham of Al-Hayat, an Arabic daily of London; and Frank Ucciardo of All Points Broadcasting.

To illustrate how the AIDS epidemic will affect economic growth in some parts of the world, here's a report from our correspondent, Steve Whitehouse.

WHITEHOUSE: A global campaign is underway to publicize what can be done to prevent the spread of AIDS. In North America, for example, public service announcements are one way to get the message across.

In Europe, dramatic advertising warns against the AIDS infection. In Africa, a new generation is being alerted to the dangers of the disease. Leading the campaign is the Geneva-based World Health Organization. They estimate that 375,000 AIDS cases have occurred and 10 million people are infected with the HIV virus.

The disease attacks men and women in their most economically active years. In some countries, about 90% of infections, as well as AIDS cases, occurs in people between 20 and 25 years of age. As a result, the productive sectors of the most seriously affected African countries are being particularly hard hit.

According to WHO, of the 1.5 million women worldwide afflicted with the AIDS virus, over 3/4 of them are in Sub-Saharan Africa. Here women are a major work force. The high incidence of AIDS among women is therefore a further factor affecting the economies of these nations. Infection rates are high among urban elites: politicians, educators, health personnel and the military. Africa faces a serious lack of qualified people in these sectors, let alone the loss of the investment in their education and training.

Mining, a crucial economical sector in Africa is deeply affected. Already one important mining company faces bankruptcy as the medical cost of the disease amongst its employees continues to rise. The tourist industry is also declining as many tourists simply decide to go elsewhere.

To lessen the impact of the disease on developing countries, every effort must be made to facilitate the development, production and transfer of the required technology to the Third World. In this context, the recent alliance between WHO and the United Nations Development programme, one of the largest multilateral aid organizations, is a major step in strengthening the global fight against AIDS.

LITTLEJOHNS: Elizabeth Reid, tell us a bit about UNDP'S efforts in this area and specifically, what you are doing yourself as Director of this programme?

REID: UNDP is the lead agency in the UN system for technical assistance to developing countries. We now have a situation where not only in Africa, but also Latin America and the Caribbean in particular and parts of Asia and also the Pacific, there is such sharp and sudden increases in the infected populations in these countries that governments are needing to turn to the UN system for assistance in responding to the epidemic so that as UNDP has an office in every developing country in the world, it is natural that together with WHO, they are in the forefront of funding projects, education projects, funding projects to secure the blood supply, projects that will assure a steady supply of sterile needles in rural and urban health care centres and also they worked closely on a regional basis and global basis with WHO in these areas as well.

LITTLEJOHNS: Steve Whitehouse's report seemed to lay some stress on the situation in Africa. Is Africa the continent most severely affected in the Third World?

READEX

REID: As a continent that's probably true but in fact the countries with the highest per capita incidence of HIV infection of AIDS in fact are from Latin America and Central America -- French Guiana, Barbados, Bahamas, Trinidad and Tobago, Haiti all have high per capita incidence in their populations of HIV infected people than any African country on present figures. But I think what that means is that what we see is although the epidemic was originally identified as being very much an African phenomenon, in the developing world it's spreading. It is as much now Caribbean as Central and Southern American. We have pockets of very high rates of infection in Thailand, wherever you have a military base you have infection around it so that it's growing, its creeping now into the general populations throughout the world.

LITTLEJOHNS: In the industrialized world, Elizabeth, thanks to an almost constant barrage from the media, we are pretty much aware of the problem, the crisis of AIDS, is this a problem in the Third World countries in the sense that they are perhaps not aware of the seriousness of the situation?

REID: I think that we tend to overestimate the power of the formal media. I lived in Zaire myself from '81 to '86. By the time I left Zaire virtually everybody in any rural village, as well as towns and cities in Zaire, knew the signs of infection. The bush telegraph had just taken this out, word of mouth had done it. What was missing was how you stopped infection and that's a very serious gap. I think there are two gaps that exist and the first one is the knowledge of the means of preventing infection and populations need to be given the full range of ways of preventing infection so individuals can choose which ones they have. But between that knowledge of the means of preventing there is another gap and that is the gap between knowledge and behaviour and the whole world, developed

and developing countries, are afflicted with that gap. There's immense denial, immense resistance to change that's occurring everywhere.

STEELE: Elizabeth, what impact has AIDS had on the field operations of UNDP and other agencies in Africa? It hits the skilled, the educated; you employ a lot of those people throughout Africa and elsewhere. Are you are beginning to see inroads of AIDS-related illnesses within your own programmes, among your own staff, local staff in Africa, and what are you doing to educate those people to take care of their needs, generally address the problems from the standpoint of an agency which is closely involved?

REID: Any organization, whether it's multilateral, bilateral, public or private that has field officers in certain parts of the Third World and employs local staff as well, is certain to have infected individuals on their staff. We must remember with this epidemic that from infection to visible symptoms can take a decade, ten years or longer, so that you can't tell by looking who's infected. But infection will be as much amongst international staff as amongst local staff. So yes, there are known cases of infection in field offices and I'm sure many unknown in all staff within the UN system.

STEELE: Do you feel that the developing world has come to grips in some ways more directly and more effectively with the AIDS crisis than the developed countries? Are there lessons, are there experiences from a country like Zaire for example where you spent many years, lessons for a country such as the United States perhaps? You've seen it close-up.

REID: Yes, I think it's interesting. The striking difference up until now between the developed world and the developing world, is in the developed world on a whole the virus has moved very quickly into sub-populations and is spreading more slowly into the general population whereas in the developing world, its permeates the whole population, so you have a total population. You can't work within a group of homosexuals or a group of prostitutes or a group of drug users. There is no analogue in these countries because it's a whole population. So what we are dealing with there is communities who need to be able to cope with this epidemic and there are some very interesting examples that are growing indigenously out of Africa and also the Caribbean and Latin America in this respect. I'll give you one example. In Zambia, where in a rural area where probably infection rates were thought to be about 10% of the adult population, infected communities, villages, were faced with the need to (a) be able to respond when they knew there was an infected person in their midst but (b) to be able to pose themselves the question are we or are we not going to survive as a village, as a clan, as a lineage group and to survive what must we do? And there is now developed a skill of community counselling, of actually working with a whole community to assist them to pose the questions and find their own answers to those questions and this, the approach adopted by Chikankata Hospital in rural Zambia which has really been developing this, is they start with an infected individual, they move out from an infected individual to their family. When the trauma of disclosure has subsided, when the family has learned to live with knowledge that one or more members are infected and how to protect themselves from transmission, they move from the family out to the village and the village goes through the same traumatic process. And that all relates to the individual infected and then the village faces the question of survival as a village, through community counselling, and as the virus

spreads now to the general community as it is in the United States -- virtually everyone's at risk, vulnerable to infection in the United States now -- this way of not using total mass media or necessarily sub-groups within high risk populations but permeating out from an infected individual to those around them, is a technique we could do well to learn from.

DERGHAM: Is it that the geographic scope, the worldwide geographic scope for the spread of AIDS has widened, has become much wider or is it that countries have concealed the spread of AIDS and now that they have to face it we're learning more about it?

REID: I think both. I think it is now accepted that there is no country in the world in which the virus hasn't penetrated and isn't passing through the population. We see denial. It is one of the most characteristic features of this epidemic and it occurs not only at the level of the individual but at the level of communities and nations as well, and it's a response to shock, a response to fear and it needs to be worked through. That denial has led to massive under reporting. The obverse of this is that because the virus is so mobile basically any human being is a vector of transmission and human beings from everywhere in the world. The obverse is that no one country can ever be free of fear of this epidemic until all countries have minimized transmission.

DERGHAM: Now another, I don't know if it is misconception or whether there is an explanation for it, why is it that AIDS in African countries for example is associated with heterosexuals while in the United States as well as the developed countries we understand that AIDS is more associated with homosexuals? Is this a misconception or there is truly an explanation for that?

REID: It's directly related to a total misuse of language from the start of this epidemic. Behaviour or groups do not, I mean groups do not spread this virus, it's behaviour that transmits the virus. The virus spreads sexually and sexual orientation is irrelevant so that wherever you have an infected population that's sexually active, whatever their sexual orientation, the virus will spread. But what's happening now is that those countries that started with it being limited to certain sub-groups the virus has now passed well beyond their borders into the general community.

DERGHAM: But was it initially a heterosexual problem in Africa and homosexual in the developed world?

REID: No, not at all. Initially the virus has passed through heterosexual activity in Africa because those infected were heterosexual but it was passed through the same type of sexual activity but by homosexuals in the developed world because they were the people who were infected. Now, we are moving more and more, the whole world is moving more and more towards the African model; that is the male/female disparity in infected individuals is decreasing dramatically.

LITTLEJOHNS: The programme is **WORLD CHRONICLE**. Our guest is Elizabeth Reid, Programme Director for Women in Development, a division of the United Nations Development Programme.

UCCIARDO: Elizabeth, what is your assessment of containment policies in developed nations, say like the United States, as compared with the developing countries who've had to sort of struggle?

REID: The containment policies really vary between developed countries. Some are doing extremely well and some are doing absolutely poorly. Those who have not instituted effective polices will suffer from a catastrophe the likes of which we haven't seen in millennia almost here, and on that spectrum I tend to place the United States towards the end that have very poor and ineffective policies. I would place along with those countries certain European countries. At the other end of the spectrum I certainly would place the Netherlands, the UK goes towards that end, and I can tell you as far as I'm concerned I think that what really separates out countries on this is: (a) whether you have a basic concern for each member of your community for as long as you see every individual as part of your community and not an outsider, not marginalized, not the other, then you will have a more humane response. Secondly, for as long as you are prepared to be honest and blunt and frank you'll be more effective and thirdly, without courage amongst politicians hundreds of thousands of people will die.

UCCIARDO: In an under developed country when you go into a situation and you try to modify traditional behaviour with a more preventative posture what sort of problems do you run into?

REID: The same as you run into anywhere when you're trying to affect behaviour change. There is no such thing as traditional behaviour in one sense, it's the behavior that people, people of my generation were born into and became sexually active into a world in which where there was no virus. People of my young son's generation are being born into a world in which the virus is present. They know how to prevent transmission and it will become an automatic part of their lives so that the people who are having most serious problems in coping are those people who lived in a different world and

are having trouble adjusting to the new world and that's all leaders in the world today, people our age, because we acted differently in the past. The problem is that we just have to accept the fact that the world has changed, that it's not difficult to protect yourself from becoming infected and the only person who could do it is yourself. Governments can't do it for you, nobody outside of yourself can do it for sexual transmission and drug use.

LITTLEJOHNS: Elizabeth you're ruling out the risks from blood transfusions and so forth.

REID: Yes, but wrongly.

LITTLEJOHNS: I mean that's still a serious problem, is it not?

REID Yes, not in the developed world where the blood supplies have been secured to a great extent, although we must monitor and ensure that that continues to be the case, and we're on the whole now we are aware of the need to be very careful in our sterilization procedures. But it remains a very, very important problem in those parts of the world where that's not the case and we really don't have data yet for any part of the world as to the extent of individuals infected through unsterile needles or through blood transfusions. But there are two cases that show how effective those means are, and that is the case of unsterile needles in a hospital in the USSR and the children who are infected from that and the other is the case in Romania where infected blood was given to newborn babies. Blood, these modes of transmission, are highly effective and those two examples show us just how effective they are. If that's the case in those areas then think what it must be the case in parts of the world like Haiti, like the Caribbean, like

Africa where injection is a way of life in the modern sector and the traditional sector. Virtually everything goes in by injection and sterilization was nothing that was really enforceable because there's no fuel, no firewood, no means of sterilization. And that's the problem we are facing and there is no data that shows really the number of cases we assume to be sexual transmission in say, Africa, that were really sexual transmission and didn't come via the use of unsterile needles in the health sector.

STEELE: You wrote a paper, Elizabeth, for the Australian Council for Overseas Aid in about 1988 in which you noted that much of the health care and much of the education in developing countries in Africa in particular is taken care of by church missions. Is there any significant difference in the approach of church groups and missions to questions of care and education in the case of AIDS versus the approach which a government would take? Is there a significant difference in their style of dealing with the problem?

REID: It's a complex question. I think that this epidemic is not only going to be a challenge by which governments will be measured for their courage but it is going to be a challenge by which churches will either fail or stand by their congregations and we can see that in Africa. We have in Africa, as in the rest of the world, churches who are immediately into accusations of direct and divine intervention, moral righteousness and the wrath of God sort of explanations of this epidemic which are clearly just irrational. If it's really the wrath of God then how come the innocent are the victims of the wrath of God, in quotation marks of course, as well as others. On the other hand you also see in Africa where the epidemic is more visible, which is why I use this as an example, you see in Africa cases of immense compassion. In fact the

Chikankata example I gave you was a Salvation Army example and they're not alone. There are churches that have understood that pastoral care is care of their population and if this is what's happening within their population then they need to respond in every possible way that they can.

STEELE: Well, hospice care as they are providing it is essentially the only option. You don't have the technology, you don't have the personnel. Is it a model of sorts? We have the difficulty in developed countries where resources to tackle AIDS and to treat AIDS are limited. With billions of dollars to throw at the problem they don't have that. Is hospice care, are there lessons in hospice care which would relate to experiences here?

REID: A little in hospice care but much more importantly in home care. This is home-based care which in the developing world and the developed world the majority of all cases are cared for in the homes and will have to continue to be that way. The secret of this epidemic, of effective responses in this epidemic, lies in the willingness of households to shelter and continue to care for infected individuals and in the recognition that the most effective education, care and prevention programmes are run by community based organizations and governments have a role in supporting and complimenting these initiatives and in creating and fostering that approach within their strategies.

DERGHAM: Some governments are worried about the effect of the impact of AIDS on their economy and their society. They are requiring AIDS tests for those who would want to enter the country for the visa, as a part of visa requirement, and they are specifying certain countries that are known to have a high level of AIDS. Is this something you endorse or is this something that you have a negative feeling towards?

REID I have very strong feelings against that. In most cases it's a form of racism and it's utterly ineffective as a protective policy. WHO has very strongly condemned its use and for very good reasons, and the simple reasons are whether it's a border you're talking about or whether it's your own personal safety an HIV test only tells you that person's infection status three months earlier because antibodies to the virus, which is what's picked up in the test, don't appear from anywhere from two weeks to three months or more after infection so there is not guarantee. You might weed out the number of infected people by those means but it's no guarantee that the virus is not crossing your border.

DERGHAM: Now the thing is I want to play the devil's advocate here not that this represents my personal views, however these countries would say, look it's too costly to take the burden of either the AIDS epidemic itself or for the treatment until AZT would cost something around $8,000 a year, that's per person per patient. This is nothing that any developing country could live up to in terms of finances. We also note that in Africa, in some countries the mining industries as our report earlier said, have been severely affected. So these countries get worried and they say we can't afford it. So what do you say to them?

REID: I think that the answer is that again testing is not going to stop the epidemic spreading in a country. Now in the case of a firm, an individual firm may make that decision but if every firm in countries made decisions to test we would end up with little enclaves in which of course the virus would still be present but just not in such great numbers and outside of these enclaves would be human beings with a full potential life to lead for ten or more years excluded from our communities, unable to work, aliens amongst us, like lepers, put

aside like lepers within our communities, thrown, cast away from us and that will have a high cost to pay on us because that will be very undermining of the moral quality of our own lives.

DERGHAM: But beyond the tests and beyond the personal truths, you emphasize it's personal lifestyle, how we can prevent AIDS? What can countries do?

REID: What can countries do? Oh, well that's not a difficult question. The thing that has to be done is first of all to make individuals understand that for sexual and drug using behaviour it's up to them to change their behaviour and there are multitudinous means of doing it and the best way is to use as many of those as appropriate within a country. But also because in all countries now you do already have infected women, children and men, then the other policies the government need to institute are those to care for them, to support them, to allow them to lead full lives for as long as they have those lives to lead and to have them remain there within their communities.

LITTLEJOHNS: Elizabeth, do you feel that the international community is going to throw a lot more money at the problem before any impact is made upon it?

REID: There is no doubt in my mind that that is the case. This epidemic is only in its infancy. Although the figures are horrific it's only the infancy of an epidemic and even if prevention methods now, programmes were effective now, we wouldn't see that impact for ten years so that there will be, there is a possibility of in fact much development efforts being undermined by this epidemic unless the development world moves effectively now.

LITTLEJOHNS: Ms. Reid, that's all the time we have. Thank you for joining us on this edition of **WORLD CHRONICLE.**

Our guest has been Elizabeth Reid, Programme Director for Women in Development, a Division of the United Nations Development Programme. She was interviewed here at United Nations Headquarters in New York by: Ian Steele of the Press Foundation of Asia; Raghida Dergham of Al-Hayat, an Arabic daily of London; and Frank Ucciardo of All Points Broadcasting.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **WORLD CHRONICLE.**

****

Transcripts of the programme may be obtained free of charge by sending a stamped, self-addressed envelope to: **WORLD CHRONICLE,** United Nations, Room S-837, New York, New York 10017, USA.

WORLD CHRONICLE is broadcast worldwide and features guests whose work is concerned with major global issues. This programme is a public affairs presentation of this station from United Nations Radio and Television.